

2021-2022 Dependency Appeal



Student Financial Aid Office
11400 Robinwood Drive
Hagerstown, MD 21742

Phone: 240-500-2473
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FAX: 301-791-9165

WARNING: If you purposely give false or misleading information on this worksheet, you may be fined, be sentenced to jail, or both.

Name: _____ HCC ID: _____
Last Name First Name MI

FAFSA regulations never require parents to help pay for education, but they often insist on considering their financial resources when evaluating your financial need. If you were most recently supported by legal guardians, relatives, or friends, you **cannot** list their income and personal information on your FAFSA.

CHECK ONE RESPONSE TO EACH QUESTION BELOW:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Were you born before Jan. 1, 1998? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you currently serving on active duty in the U.S. armed forces for purposes other than training? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you married? (Answer "Yes" if you are separated but not divorced.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a veteran of the U.S. armed forces? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have children who receive over half of their support from you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have other dependents who receive over half of their support from you? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are your parents deceased? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time after turning 13 years old, were you a ward or dependent of the court? |
| <input type="checkbox"/> | <input type="checkbox"/> | At any time after turning 13 years old, were you in foster care? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you an emancipated minor? (requires legal court documents) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you in legal guardianship with someone other than your parents? |

If you answered yes to any of the above questions you may be required to submit legal documents to verify your answer. You do not need to complete this form. You are independent for financial aid purposes and will not need to include parent's information when completing the FAFSA.

If you answered no to all of the above questions and one of the following applies to you then you may want to complete this form.

- A guardian has cared for you because your parents were unable to provide proper care, but your guardian was never declared a "legal guardian" by the court.
- Abandonment by **both** parents
- Your parents were physically or emotionally abusive toward you.
- Your parents have substance abuse or other serious mental health problems **AND** do not support you.

IMPORTANT NOTE: HCC's Student Financial Aid Office cannot make students independent simply because their parents can't afford to help. The standard financial need formula already evaluates each family's financial resources and determines the family's ability to contribute toward the student's educational expenses. If the financial resources are low enough, the student will show high financial need. We also can't make students independent simply because their parents stop claiming them as tax exemptions or choose not to help pay for college.

Dependency Appeal Process

- ☐ Complete the FAFSA application for 2021-2022 at <https://studentaid.gov/>.

The following documentation is needed to determine your dependency status:

- ☐ Complete & Sign this Appeal Form.
- ☐ 2021-2022 Verification Worksheet
- ☐ 2021-2022 Student/Spouse Income Form
- ☐ Typed statement explaining why you no longer live with your parents and explanation of extenuating circumstances that you believe warrant review of your dependency. Be sure to include your relationship with **both** of your parents (including contact frequency), and why you cannot obtain information and/or support from your parents.
- ☐ Unrelated (not a relative) third party statement of verification on business or agency letterhead (*see explanation on the last page of this form*).

Your current address: Street: _____

City / State: _____

What is your state of legal residency? _____

Your parent's current address: Street: _____

City / State: _____

What is your parent's state of legal residency? _____

CHECK YES OR NO TO THE QUESTIONS BELOW:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | In the last twelve months did your parents pay your rent? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the last twelve months did your parents pay your car insurance? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the last twelve months did your parents provide health insurance for you? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the last twelve months have your parents purchased your groceries? |
| <input type="checkbox"/> | <input type="checkbox"/> | In the last twelve months have your parents paid your utility bills? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you feel you pay all of your living expenses? |
| <input type="checkbox"/> | <input type="checkbox"/> | Did either of your parents claim you on their taxes? |

IMPORTANT NOTICE: According to Maryland law, educators are required to report suspected current and past abuse (including but not limited to child abuse and neglect). This is required even if the former victim is an adult and/or the alleged abuser is deceased at the time of disclosure. If you disclose information to Student Financial Aid Office staff, whether in-person or in writing, it may be subject to reporting by Hagerstown Community College. If you have any concerns regarding this requirement, please contact the Student Affairs office by phone at 240-500-2526 or by email at studentaffairs@hagerstowncc.edu.

By signing this appeal form, I certify that all the information provided is complete and correct and that I have read this entire form.

Student Signature: _____ Date: _____

No Electronic Signatures

Who qualifies as an unrelated third party? Who can write the statement of verification?

- A high school or local school district homeless liaison,
- A high school principal, guidance counselor, teacher, coach, school nurse, etc.,
- A medical professional, psychologist, psychiatrist, nurse, etc.,
- A therapist, social services case worker, pastor, etc.,
- The director of an emergency shelter program funded by the U.S. Department of Housing or Urban Development or
- The director of a runaway or homeless youth center or transitional living program.

What should this person write? What should be included in a “statement of verification”?

- That depends on your special circumstances. This person is basically verifying that you do not live with your parents and you do not receive support from your parents. Make sure that the statement is printed on business or agency letterhead.
- They are also explaining why you no longer live with your parents. They are documenting:
 - You were abused by your parents,
 - That your parents are alcoholics or use drugs and do not support you,
 - Your parents abandoned you and you do not know where they live or
 - The severe circumstances that caused you to no longer live with your parents.